



SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAY 08 2004



Kevin Shelley
Secretary of State



State of California
Kevin Shelley
Secretary of State

File # **200412210073**

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

APR 29 2004

KEVIN SHELLEY
Secretary of State

LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. **NAME OF THE LIMITED LIABILITY COMPANY** (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO.," OR THE ABBREVIATIONS "LLC" OR "L.L.C.")
Arbor Drive Rowhomes LLC

2. **THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.**

3. **CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS.**

☒ AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 4.

☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505. PROCEED TO ITEM 5.

AGENT'S NAME: Kenneth J. French

4. **ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL:**

ADDRESS 4089 Falcon St.

CITY San Diego

STATE CA

ZIP CODE 92103

5. **THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY: (CHECK ONE)**

☐ ONE MANAGER

☐ MORE THAN ONE MANAGER

☒ ALL LIMITED LIABILITY COMPANY MEMBER(S)

6. **OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE.**

7. **NUMBER OF PAGES ATTACHED, IF ANY:**

8. **TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY. (FOR INFORMATIONAL PURPOSES ONLY)**

Real Estate Development

9. **IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.**

Donald J. Schiffer
SIGNATURE OF ORGANIZER

April 22, 2004

DATE

Donald J. Schiffer

TYPE OR PRINT NAME OF ORGANIZER

10. **RETURN TO:**

NAME Donald J. Schiffer

FIRM Law Office of Donald Schiffer

ADDRESS 3636 5th Ave. Suite 301

CITY/STATE San Diego, CA

ZIP CODE 92103-4230





State of California Secretary of State

L

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

Arbor Drive Rowhomes LLC

COPY
MAILED 10-17-05

This Space For Filing Use Only

DUE DATE:**FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER

200412210073

3. STATE OR PLACE OF ORGANIZATION

San Diego, California

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

512 Arbor Drive

San Diego, CA

92103

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

512 Arbor Drive

San Diego

CA

92103

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

NAME

ADDRESS

CITY AND STATE

ZIP CODE

N/A

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

Kenneth J. French

512 Arbor Drive

San Diego, CA

92103

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

James L. Walker

13655 Janeen Place

Poway, CA

92064

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

Kenneth J. French

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

CITY

STATE

ZIP CODE

512 Arbor Drive

San Diego

CA

92103

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Real Estate Development

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Kenneth J. French

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

Member

TITLE

10/17/2005

DATE